



## APPLICATION FOR HAULED WASTEWATER DISCHARGE PERMIT

☐ New Permit

☐ Reissue-Permit # \_\_\_\_\_

Company Name					
Company Contact					
Business Address	City	State	Zip		
Owner Name					
Owner Address/ P.O. Box	City	State	Zip		
Telephone	Fax	Email			

**DESCRIPTION OF VEHICLES:** Information for all vehicles to be permitted. Provide additional sheets if necessary:

Year	Make / Model	Vehicle ID VIN No.	License Plate No. & State	Color	Tank Capacity (Gallons)

**TYPE OF WASTEWATER TO BE HAULED:** (check all that apply)

☐ Septic Tank    ☐ Portable Toilet    ☐ Holding Tank    ☐ Cooking Oil & Grease

☐ Other (Describe) \_\_\_\_\_

**Vehicle Insurance** (Check One Only)    ☐ Yes    ☐ No

Attach a copy of proof of vehicle insurance required by State of Missouri for each vehicle to be permitted. A permit cannot be issued without vehicle insurance for each vehicle.

**City of Springfield Business License** (Current): (Check One Only)    ☐ Yes- Attach Copy

Permit cannot be issued without attached copy of Business License    ☐ No- Contact the Licensing Office at (417) 864-1617

\*\*\*Continue to Next Page\*\*\*



# APPLICATION FOR HAULED WASTEWATER DISCHARGE PERMIT

---

## Certification Statement

*I understand, agree, and fully comprehend that no discharge of hauled wastewater may be introduced into the City of Springfield (City) wastewater collection system via manholes, cleanouts, building sewers, drain lines, or any other appurtenance tributary to the City wastewater collection and/or treatment system.*

*I certify that the information contained within this hauled wastewater discharge permit application is true, accurate, and complete to the best of my knowledge.*

*If granted a new or reissued hauled wastewater discharge permit by the City, I agree to abide by all City ordinances, as well as by all applicable Federal, State, and Local regulations. I agree to pay for the costs of any necessary laboratory analyses conducted by the City and to pay for any applicable charges for the volume and strength of the wastewater discharged to the City.*

*I am aware of the conditions and requirements contained in the program guidance, general and specific permit conditions provided within the hauled wastewater permit application, and understand that failure to comply with the conditions and requirements may result in the immediate suspension or revocation of hauled wastewater discharge permits and all disposal privileges, and may result in future enforcement action and subsequent penalties as may be allowed by Federal, State, Local, and City law.*

---

**This application must be signed by the owner or legally authorized representative of the business and mailed to the City of Springfield with an original signature in ink.**

**Owner / Legal Representative Signature** \_\_\_\_\_

**Name Printed (Legibly)** \_\_\_\_\_

**Date** \_\_\_\_\_